

## Kids deserve the best.

## Employee/Volunteer Consent for the Use of Photos and Likeness\*

I consent to Children's Wisconsin and its affiliates ("Children's") use of my image, voice, and name in video recordings, photographs, and audio recordings in any medium (collectively "my Likeness").

Children's may use my Likeness for any purpose, including but not limited to, fundraising, advertising, publicity, marketing, trade or any other purpose. I grant to Children's the absolute and irrevocable right and permission to use, publish, publicize and otherwise reproduce, modify, and display my Likeness, in whole or in part in any and all media now or hereafter known and I agree that all reproductions and all copyrights are and shall remain the property of Children's, its successors and assigns.

## I understand the following:

- I may not inspect or approve Children's use of my Likeness.
- I will not receive remuneration, compensation, and/or consideration for use of my Likeness.
- This consent is perpetual. If I wish to revoke it, I must send written notification to the Director of Communication. If I revoke my consent, I understand that my revocation will not apply to the use of my Likeness that has already occurred in accordance with this Consent.
- Signing this form is voluntary and I do not have to sign it.

I have read this consent form and understand its terms. By signing this form, I agree to the terms contained herein.

Printed name:	
Signature:	Date:
Relationship to Children's:   Employee   Volunteer	☐ Other
If the employee/volunteer is under 18 years of age, the pare also be obtained.	ent/legal guardian's signature must
Parent/legal guardian signature:	

\*This form should be used for employees, volunteers and staff members (not patients, clients or families). 04/21/23